

NEWS RELEASE

City of Middletown
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For Immediate Release
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FREE FLU CLINIC SLATED

Regional Sites Offer Seasonal Influenza Shots at No Charge

Middletown — The second in a series of free flu clinics will be October 21, from 9:30 AM to 8:00 PM at AME Zion Church, 440 West Street. The vaccine will be given by injection only (flu mist is not being offered). Anyone 3 years of age or older and in good health is eligible to receive the vaccine. Insurance is not needed and residency not required. There is a limited supply of vaccine which will be given out on a first-come, first- served basis. Appointments are not needed. Other free flu clinics are scheduled as follows:

- November 2: Coles Road Firehouse, 105 Coles Rd., Cromwell Noon - 8:00 PM
- November 15: Activity Center (second floor), 350 Main St., Durham Noon - 8:00 PM
- November 30: Westfield Fire Firehouse, 653 East St., Middletown. Noon - 8:00 PM
- December 14: South Fire District Firehouse, 445 Randolph Rd., Middletown Noon - 8:00 PM

The clinics are sponsored by Mass Dispensing Area (MDA) 36: the towns of Cromwell, Durham, Middlefield, and the City of Middletown.

Participants can save time by registering on-line at: www.cromwellct.com, www.townofdurhamct.org, or www.cityofmiddletowncom.

For more information call: (860) 632-3426 (Cromwell), (860) 349-8253 (Durham), (860) 349-7123 (Middlefield), or (860) 344-3482 (Middletown).

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INFLUENZA IMMUNIZATION CONSENT FORM

Name: _____ Today's Date: _____
Date of Birth: ____/____/____ Sex: M or F
Address: _____ City: _____
State: _____ Zip: _____ Phone #: _____
Doctor's Name: _____
Doctor's Address (Town): _____

Payment: **FREE** (sponsored by MDA 36 towns of: Cromwell, Durham, Middlefield & the City of Middletown)

YOU MUST ANSWER THE FOLLOWING QUESTIONS:

- | | | | |
|----|--|-----|----|
| 1. | Have you ever had a serious reaction to the FLU vaccine? | Yes | No |
| 2. | Are you allergic to EGGS? | Yes | No |
| 3. | Are you allergic to THIMEROSAL? | Yes | No |
| 4. | Have you ever had GUILLAIN BARRE SYNDROME? | Yes | No |
| 5. | Are you SICK with a FEVER today? | Yes | No |

INFLUENZA CONSENT:

I have read, or had explained to me, the information sheet about influenza vaccination. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request that the flu vaccination be given to me (*or the person named above for whom I am authorized to make the request*). I authorized the release of any medical or other information necessary to process a Medicare claim or for other health purposes.

Signature of recipient (or parent/guardian)

Injection site: Left Arm Right Arm

Manufacturer & Lot Number:

_____/_____/_____
Nurse Signature